



### Application Form

First Name	
Surname	
Address (inc postcode)	
Telephone Number	
Email Address	
Date of Birth	
Occupation	

**Your Availability** - please tick the days and times you can help

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
All day							

**Your Skills** - what skills or talents would you bring to Millie's Trust?

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**Emergency Contact Details**

Name	
Contact Telephone Number	
Relationship	

**Any other relevant information** \_\_\_\_\_

**Please return this form to;**

**info@milliestrust**

**OR**

**Millie's Trust**

**Lansdowne House**

**Oak Green Business Park**

**Cheadle Hulme**

**Cheshire**

**SK8 6QL**

***Thank you for choosing Millie's Trust - we will be back in touch with you shortly***